MEDICAL DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION			
Type of Requestor: (x) HCP () IE () IC	Response Timely Filed? () Yes (x) No		
Requestor's Name and Address Wol-Med	MDR Tracking No.: M4-03-6490-01		
2436 I-35 East South, Suite, 336	TWCC No.:		
Denton, Texas 76205	Injured Employee's Name:		
Respondent's Name and Address ACE American Insurance Company	Date of Injury:		
Box 15	Employer's Name:		
	Insurance Carrier's No.: C135C5107278		

PART II: SUMMARY OF DISPUTE AND FINDINGS (Details on Page 2, if needed)

Dates of Service		CPT Code(s) or Description	Amount in Dispute	Amount Due	
From	То	of 1 code(s) of Description	rimount in Dispute	Amount Duc	
09/07/02	09/07/02	99213	\$13.40	\$13.40	
10/22/02	10/22/02	99213	\$13.40	\$13.40	
11/30/02	11/30/02	99213	\$13.40	\$13.40	

PART III: REQUESTOR'S POSITION SUMMARY

Requestor's position statement states, "For the dates of service 9-7-02; 10-22-02 and 11-30-02 the carrier denied full payment with the Payment Exception Code 'C-negotiated contact price.' This is incorrect, We are not on any WC PPOs."

PART IV: RESPONDENT'S POSITION SUMMARY

Carrier did not submit a position statement. Carrier's EOB denial is "C-Negotiated Contract.."

PART V: MEDICAL DISPUTE RESOLUTION REVIEW SUMMARY, METHODOLOGY, AND/OR EXPLANATION

The requestor indicates in their response to dispute resolution that a contract does not exist between the parties.

The carrier has not refuted the requestor's position that there is no contract.

Therefore, based on this information reimbursement is recommended.

	AL FINDINGS (I	i needed)					
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					Total 1	Left Column:	\$0.00
						Amount Due:	\$40.20
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PART VII: COM	IMISSION DECI	SION AND ORDE	ER .				
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Authoris		IVIIC	maci Duckim				
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